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NATIONAL  
HEADQUARTERS  
4647 Forbes Boulevard  
Lanham, Maryland  
20706-4380  
TELEPHONE: 301-459-9600

**Statement**

**of**

**Richard "Rick" Jones  
AMVETS National Legislative Director**

**before the**

**Committee on Veterans' Affairs  
Subcommittee on Health  
U.S. House of Representatives**

**on**

**Post Traumatic Stress Disorder**

**Thursday, March 11, 2004  
9:30 a.m., Room 334  
Cannon House Office Building**

Chairman Simmons, Ranking Member Rodriguez, and Members of the Subcommittee:

On behalf of AMVETS National Commander S. John Sisler and the nationwide membership of AMVETS, I am pleased to offer our views to the Subcommittee on Health regarding the state of veterans who may be suffering from post traumatic stress disorder, a psychiatric condition caused by traumatic experience, such as combat.

AMVETS has been a leader since 1944 in helping to preserve the freedoms secured by America's Armed Forces. Today, our organization continues its proud tradition, providing, not only support for veterans and the active military in procuring their earned entitlements, but also an array of community services that enhance the quality of life for this nation's citizens.

For the record, AMVETS has not received any federal grants or contracts during the current fiscal year or during the previous two years in relation to any of the subjects discussed today.

Mr. Chairman, AMVETS is concerned about the prospect of budget-driven compromises that may adversely affect the potential of the Department of Veterans Affairs (VA) to deliver quality, timely access and appropriate care to veterans facing the debilitating condition of Post Traumatic Stress Disorder (PTSD).

While there are multiple areas within the VA healthcare system that raise our interest, the debate on the level of preparedness for specialized care commensurate with veterans need is one we welcome. We trust this hearing will help bring light to an area that desperately needs to be a high priority

for VA.

VA is recognized worldwide as a true leader in the area of PTSD research. As a leader, they bring scholarship and dedication to this vaguely understood condition. In the area of research, it is important that Congress and the administration provide adequate funding for clinical research in areas that will lead to high quality service with efficient and effective treatment programs in the VA system.

PTSD is the most common psychiatric disorder arising from combat. People with PTSD symptoms experience a variety of different emotions. They may have difficulty sleeping and feel detached or apart from those closest to them. They may express strong emotions of anger or take up alcohol or drugs to numb themselves from their distress. As well, they may experience memory problems, depression, thoughts of suicide and violent behavior.

As we reach out to offer rehabilitative treatment to veterans suffering from PTSD resulting from their wartime service, it is important that we, as a nation, do not lose the necessary focus and commitment to programs that can make a difference in the lives of veterans struggling to recuperate from their wounds of war.

For years, AMVETS has consistently reported that resource shortfalls have placed in jeopardy the level of services of the PTSD and substance abuse service programs. With resources short, what money is available goes elsewhere to other priorities within the system. PTSD and mental health programs are funding with whatever remains. The result of these adverse funding decisions leads to staff reductions and insufficient, failing service.

Without adequate funding, AMVETS must ask whether the dedicated staff professionals who work to sustain these programs can possibly continue to bring compassion and healing to veterans experiencing PTSD.

Many will associate PTSD with the Vietnam War. As we have discovered, however, veterans with this type of special need are not solely associated with that war.

PTSD may have been called by a different name – shell shock, battle fatigue, soldier's heart or some related designation, but post traumatic stress disorder is part of every war. The condition may carry a different term of reference, but the outcome is the same. It's a special need that requires specialized treatment.

While every war is unique, the Iraq-Afghanistan wars are the most violent encounters since Vietnam. And it should be recognized that as this current generation of soldiers leave the battlefield for home, they too will be left to deal with their past exposure to combat. How severe and widespread the psychological wounds will be is yet to be totally understood.

AMVETS is not aware of a current full national assessment, however, it is reported that the Pentagon is finding that 10 percent of troops evacuated from the war zone to Germany were being treated for PTSD reasons. A report from southeastern Wisconsin indicates that nearly twenty-five percent of the roughly 90 troops returning from Iraq are being seen for mental health concerns.

Also, questions have begun to be asked about the suicide rate among returning troops. The Department of Defense has implemented health

screening for all returning veterans. And the VA has activated a system wide mental health screening procedure similar to DoD's targeting at-risk veterans. But there is a clear indication that those coming home will carry many of the images of violence and war.

AMVETS clearly sees a need for increasing the number of mental health workers and enhancing their training. Providing the best possible health care to our Nation's veterans remains a difficult task, however, given the fact that VA already struggles with an inadequate budget.

VA health care delivery faces a moment of decision. Without reinforcing and strengthening the capacity of the VA system to treat veterans suffering from PTSD, VA will have to make difficult choices regarding the number of professionals whose work and lives touch those veterans in the PTSD programs. The legacy of the program and its potential to compassionately care for service-connected veterans is at stake.

It is clear that chronic resource shortfalls are building into a structural delivery deficit. VA healthcare treatment provided to veterans suffering from PTSD faces a stress of its own. In too many cases, competing pressures on hospital administrators and the lack of adequate funding are beginning to show stiffer challenges, resulting too often in deficient services.

While treatment to veterans in mental health programs requires a strong commitment, VA field personal are growing less and less able to maintain the programs that make a difference in veterans lives. There are reports, for example, that veterans are waiting an average of five and a half months to enter post traumatic stress disorder programs.

In addition, current VA policy presents a heavier burden on veterans with PTSD. In January 2003, VA decided to terminate future access to over 200,000 veterans. Under this circumstance, VA may never see many veterans with PTSD symptoms. Should this policy continue, these veterans will likely remain undiagnosed. They will carry out their lives, retreating into a variety of different manners, without ever being seen by VA or understanding that there's treatment available.

Though these veterans have earned medical care. And it was promised. It will not be delivered, because Congress and the administration cannot cooperatively find the will to fund what everyone declares as one of the nation's top priorities – veterans health care.

[It's interesting to note that despite carrying more than 600 million congressionally appropriated fiscal year 2003 dollars into fiscal year 2004, VA banned access to the VA healthcare system for Priority 8 veterans based on a lack of funding. The current administration budget suggests not spending \$800 million in fiscal 2004 and pushing those "budgeted" funds into fiscal year 2005.]

In a recently reported PTSD case, it took three decades to discover a case of PTSD that had previously fallen through the cracks. Abe Garcia of Oakland, California, was lucky when after recovering from an auto accident; he entered a residential treatment program at the National Center for PTSD in Menlo Park. He was diagnosed with PTSD developed in 1969 at the age of 21 when he served in Vietnam.

According to the Oakland Tribune, Abe Garcia indicated that his PTSD began at a time his airbase was under continual sniper fire. "The scary part is we

didn't know our enemy. We would get mortared and rocketed." He said it sounds a lot like the situation in Iraq, "I'm sure a lot of them are doing what we did – becoming numb to survive."

While the lessons learned in cases like Garcia's will help the newest veterans overcome their experiences, some cases of the notorious symptoms may not appear for several years after VA's two-year timeline disappears for returning warriors.

If we continue to deny access for an entire group of veterans, do we begin another cycle of servicemembers falling through the cracks of a system that may offer only two years of veterans health services to those who do not have obvious combat wounds. Some will say that these individuals will be served. After all, they have service connected injuries, so they will certainly have access to the VA healthcare system. The situation, however, presents a "Catch-22." If their PTSD doesn't reveal itself early enough and they no longer have access to the VA system, how does VA determine the hidden wounds of post traumatic stress disorder.

AMVETS believes it is imperative that chronic shortfalls in VA healthcare funding be corrected. It cannot continue without a rising potential for serious adverse affect on those who defended our freedoms.

Our veterans experiencing PTSD deserve treatment. They need to know that the symptoms they face, including panic attacks and flashbacks, can be treated. They need to know that they are not alone in the symptoms they face. And they need to know that VA will be there when they need care.

Mr. Chairman, recovery programs offer the best hope of beating the

symptoms of PTSD. Unfortunately, too many servicemembers stress disorders may go undiagnosed. VA counseling can help, but only if the symptoms of restlessness, trouble sleeping, nightmares, and related things that happen to those who experience the trauma are detected and connected to their PTSD.

As our servicemembers return from overseas deployment, counseling teams are urgently needed to ask the right questions and prepare the right course to deal with everyone's exposure to the conditions of combat. And the system needs to remain accessible to all veterans.

We trust that Congress will understand the need to ensure adequate funding is in place to deal with the physical and psychological health of returning troops. And we trust Congress and the administration have learned that the mental health concerns associated with post traumatic stress disorder often can be delayed from a month to years.

As we watch this year's appropriations process our concerns rise knowing that too many sick and disabled veterans may have to continue their wait. It is important, nonetheless, that we do our honest best to meet our promise to provide quality health care in return for military service in defense of this country.

Mr. Chairman, in closing, AMVETS looks forward to working with you and others in Congress to find the best ways to strengthened and improved health care to all of America's veterans. As we find ourselves in times that threaten our very freedom, our nation must never forget those who ensure our freedom endures. AMVETS thanks the panel for the opportunity to address this matter.



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